

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034821

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 338

Primary Registration District No. 6154

Registrar's No. 20

FILED AUG 26 1963

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Township | | Length of stay in 1b - - - | c. CITY OR TOWN Inkster, Mich. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles west of Morehouse, Mo. Hy 60 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5799 Farnum |
| 3. NAME OF DECEASED (Type or print) First John Middle Powell Last Daniel | | 4. DATE OF DEATH Month August Day 12 Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE negroid | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/3/1924 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker | | 10b. KIND OF BUSINESS OR INDUSTRY car industry | 9. AGE (last birthday) 39 |
| 11a. FATHER'S NAME John Daniel | | 11b. MOTHER'S MAIDEN NAME Mattie Williams | 11c. NAME OF HUSBAND OR WIFE Ophelia Daniel |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) yes, World War II | | 17. INFORMANT Address Ophelia Daniel, Inkster, Mich. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal injuries and possible neck fracture. DUE TO (b) two car collision on Hiway 60, 2 miles DUE TO (c) West of Morehouse, Mo | | INTERVAL BETWEEN ONSET AND DEATH instant | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) passenger in car involved in 2 car wreck. | |
| 20c. TIME OF INJURY Hour 10:35 Month, Day, Year 8/12/1963 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway | | 20f. CITY, TOWN, OR LOCATION 2 miles West of Morehouse, Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Marsh Watkins Coroner | |
| 22b. ADDRESS Dexter, Mo. | | 22c. DATE SIGNED 8-19-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY Inkster Cemetery | 23d. LOCATION (City, town, or county) (State) Inkster, Mich. |
| 24. FUNERAL DIRECTOR Watkins & Sons Dexter, Mo | | 25. DATE RECD. BY LOCAL REG. 8-22-63 | 26. REGISTRAR'S SIGNATURE <i>Charles L. Leggett</i> |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS-300
Rev. 4/59

1 1030

2 8210

3

4 2

5 1

6

7 1

8 2

9 X

10

11 103

12 91-3

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.